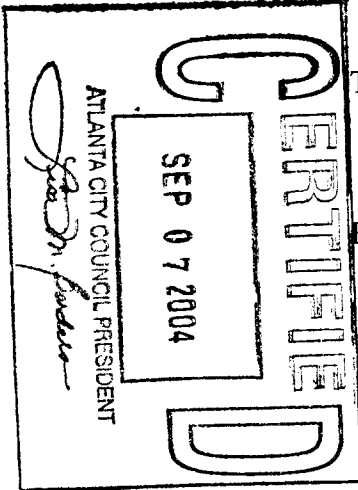


Entered - 06/10/04 - sb
CL - 04L0382 LISA CARTER


CLAIM OF: TRACY D. TOWNS
1593 Ezra Church Drive
Atlanta, Georgia 30314

04-R -1533

For damages alleged to have been sustained as a result of striking
an open construction cut on May 27, 2004 at 388 Vine Street.



THIS ADVERSED REPORT IS APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSED BY
CITY COUNCIL

SEP 07 2004

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 8/31/04

CHAIR: J. D. Smith

Joyce M. Shepers

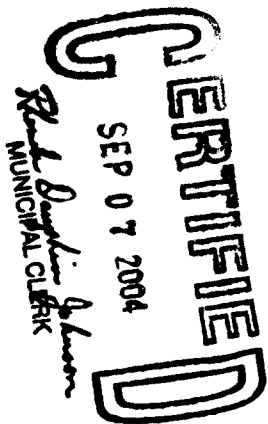
Ray Penwood

C.T. Martin

H. L. Smith

Carla Smith

W. L. Smith



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0382

Date: August 17, 2004

Claimant /Victim TRACY D. TOWNS

BY: (Atty) (Ins. Co.) _____

Address: 1593 Ezra Church Drive Atlanta, Georgia 30314

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ _____

Date of Notice: 06/07/04 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 05/27/04 Place: 388 Vine Street

Department _____ Bureau: _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damages as a result of striking an open construction cut at 388 Vine Street. However, an investigation determined that Reeves Ditching & Contracting was working at this location and is responsible for the claimant's damages. The claimant has been advised to pursue her claim with Reeves Ditching & Contracting.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08/19/04

Committee Action: _____ Council Action _____

RECEIVED JUN 7 1904

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6-7-04

ENTERED - 6-10-04 - SB
04L0382 - LISA CARTER

CARTER
06/08/04
PC

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: May 27, 2004 (month/day/year) 2. Time of Incident: 5:30am 3. Police called: ☒ Yes ☐ No

4. Location of incident (including street address): 388 Vine St.

5. Name of your insurance company: Auto Town Ins. Policy No. _____

6. State what and how incident occurred: Anthony McKenzie was riding down Vine St. and hit a huge sinking hole in the street and a sewerage.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Chevrolet 1985 AHD 3659 Anthony McKenzie
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Tracy D. Towns
Signature of Claimant

Tracy D. Towns
(Print Claimant's Name)
1593 Ezra Church Drive
(Address)
Atlanta Ga. 30314
(City, State and Zip Code)
404-758-6377
(Work Number) (Home Number)



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

September 14, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Tracy D. Towns
1593 Ezra Church Dr.
Atlanta, GA 30314

04-R-1533

Dear Ms. Towns:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on September 07, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department